Alexander who found distinctly differing constellations of unconscious conflict in each of the psychosomatic disorders he and his colleagues were investigating. In spite of subsequent criticisms of this concept, the authors have retained their interest in it because of its implications for treatment. They prefer the term typicality, which is less absolute. Understanding the typical profile of coping mechanisms, personality, stressful events and attitudes for each illness is vital because different approaches are needed for different disorders.

The authors emphasize that obtaining the patient's history is the most important investigative procedure for psychosomatic disorders and also the first step in long term psychological management. In order to help psychosomatic patients to recognize and express emotions, they recommend discreet and tactful use of facilitating comments and open ended questions. It is the authors' experience that with this type of directive therapy, effective management for psychosomatic disorders can be achieved in a modest amount of time.

The management of the termination of therapy is also of paramount importance. In the hospital setting, the most vulnerable patients will always need easy access to the doctor/therapist on request. In general practice of course the door is always open and the general practitioner can change from a supportive role to a psychotherapeutic role and then back into a supportive role until there is a new demand for psychotherapy.

The special role of general practitioners with our long contact with our patients makes it possible to recognize typical psychodynamic constellations which are associated with certain psychosomatic disorders. It is also possible that early intervention could prevent the development of some psychosomatic disorders.

All these exciting prospects remain experimental despite the pioneering work of people such as the Balints. The authors suggest that new medical departments are established where patients with psychosomatic disorders could be referred and treated. These departments would also be placed where any clinical skill shown to have a value beyond placebo could be learned and practised. Although there is no substitute for one's own experience in learning the skills of psychological management, the authors give sufficiently detailed guidance of what to do for readers to be able to test the recommendations for themselves.

This book is lively and well informed and is the first textbook in English to address the full problem of psychosomatic medicine. It should be on every doctor's bookshelf and consulted regularly.

S ZALIDIS

General practitioner, London

HEALTH CARE FOR ASIANS Oxford general practice series 18 B R McAvoy, L J Donaldson (eds) Oxford University Press, 1990 331 pages. Price £17.50

Of the various ethnic communities in Britain, those from the Asian sub-continent are less well served by the health service than others, and doctors from that group have long suffered poor career prospects and discrimination. There is the tendency to lump all Asian people as one group, when their background ranges from rural people from Bangladesh to highly skilled professionals from Kenya and Uganda.

This book sets out to educate and inform health professionals, particularly general practitioners, about caring for Asian people. In so doing, it will hopefully enable the reader to reconsider the prejudices that most communities inevitably have towards newcomers. An analysis of the culture and religion of

Asians is followed by a review of published work on health care delivery and demography, and then a look at specific clinical problems in the light of these cultural, religious and demographic insights.

Despite the fact that there are 19 contributors, the format is readable and the editors have managed to achieve an overall unity of presentation.

Asian people are now to be found in all communities, no longer just inner cities, so that this book should be read by all health professionals who plan and deliver community care.

L A PIKE

General practitioner, Birmingham

EFFECTIVE CARE IN PREGNANCY AND CHILDBIRTH (volumes 1 and 2)

I Chalmers, M W Enkin and M J N C Keirse (eds) Oxford University Press, 1990 1300 pages. Price £225.00

A GUIDE TO EFFECTIVE CARE IN PREGNANCY AND CHILDBIRTH

I Chalmers, M W Enkin and M J N C Keirse (eds) Oxford University Press, 1990 376 pages. Price £9.95 (paperback); £22.50 (hardback)

Effective care in pregnancy and childbirth is a mammoth two volume book with the potential to make a major contribution towards improving the quality of pregnancy care. The opening statement 'Care during pregnancy and childbirth should be effective' is one with which few would disagree; but how much of clinical practice fails to satisfy this apparently simple requirement?

The book does not set out to establish what the objectives of care should be, recognizing that this is dependent on individual choices, but rather addresses the central question of the effectiveness of the different elements of care undertaken during pregnancy and childbirth. It is a multi-author work based on an analysis of over 3000 clinical research studies, and the editors have provided invaluable appendices in which they have classified the evidence under the following four headings: (1) forms of care that reduce negative outcomes of pregnancy and childbirth; (2) forms of care that appear promising, but require further evaluation; (3) forms of care with unknown effects, which require further evaluation. (4) forms of care that should be abandoned in the light of the available evidence.

The last of these suggests that a number of accepted practices and beliefs should be abandoned; these include advising the restriction of weight gain during pregnancy, leaving women unattended during labour, and insisting on confinement in hospital for all women. A long list of routinely practised procedures are clearly still in need of evaluation, both from the point of view of their efficacy and also because of the possible harm that they might inflict.

The two-volume book is clearly too expensive to be widely purchased, but should be an essential part of all obstetric libraries, so that it is available to those concerned with maternity care. The smaller paperback version — A guide to effective care in pregnancy and childbirth — provides a useful series of chapter summaries, together with the appendices in full.

Having studied both publications, I would encourage readers to consider the abridged version as a stimulus to consult the major work rather than as a substitute for it.

LUKE ZANDER

Senior lecturer, Department of General Practice, United Medical Dental Schools of Guy's and St Thomas' Hospitals, London